PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1061447-9

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7				Γ	RATE	FEE) [RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS					* 9			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS					* 25	<u>* & ´</u>		X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PR	ESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	175	OR:	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER THAN		
		(Column 1)	7	(Column 2) HIGHEST		(Column 3)		SMALL E		OR	SMALL		
AMENDMENT A	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MI	Minus *** °		TOLAIM	=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	_			•	-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MI	Minus	***	T CL AIM	-		X42=		OR	X84=		
	FINOT FRESL	,	+140=		OR	+280=							
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			ımn 2)	(Column 3)	• _						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF M	Minus	***	T CL AIM	=	 	X42=		OR	X84=		
	FINOT FILLOL	.NTATION OF W	ULTIPLE DE	PINDLIA	LCLAIIV		╵┞	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		mber Previously Pa					er four	nd in the app	propriate box	k in co	lumn 1.		